

### **C. Coverage opted**

- |  |   |
|--|---|
| 1. Period of Insurance   | : From 30-Jun-2018 00:01(Hrs) To 29-Jun-2019 Midnight |
| 2. Is your vehicle fitted with external LPG/CNG kit                      | : No.   |
| 3. Whether PA cover is opted for owner-driver                            | : No.   |
| PA cover is exempted for owner-driver with Reason                        | :   |
| 4. Whether geographical area extension is opted                          | : No.   |
| Details of Countries to which geographical area extension cover is given | : NA.   |
| 5. Is LL to person for Paid driver/Operation/Maintenance opted           | : No.   |
| 6. Whether PA cover is opted for paid driver other than owner driver     | : No.   |
| Number Of Paid Driver(s) :   | : NA  |
| Sum Insured Per Paid Driver :  | : Rs.NA.  |
| 7. Whether PA cover is opted for passengers                              | : No.   |
| Number Of Passengers :   | : NA  |
| Sum Insured per Passenger  | : Rs.NA   |
| 8. Is TPPD restricted to statutory limit of Rs.6000?                     | : Yes.  |
| 9. Premium for Liability coverage, quoted and agreed upon is             | : Rs.670.   |
| 10. About the last insurance company                                     |   |
| (i) Insurance Provider :   | NA  |
| (ii) Previous Policy No :  | NA  |
| (iii) Previous Policy Expiry Date :                                      | NA  |

Please note Cover Note No. / issued to you basing on the above information.

In case of Disagreement or objection or any changes with respect to information and contents mentioned hereinabove, please contact our toll free number & register your objections/changes/disagreement to the contents of this transcript or you may also send us email or written correspondence at the following details within a period of 15 days from date of your receipt of this transcript along with Policy:

I/We hereby unconditionally allow the Company to share all my / our information being collected in this proposal form or through telephonic / email / web-inputs means or other means, as updated from time to time within group entities.

Toll free Number	: 1800-22-5858,1800-102-5858,1800-209-5858
Email address	: Bagichelp@bajajallianz.co.in
Website	: www.bajajallianz.com

Contact our policy servicing branch at: Bajaj Allianz General Insurance Co.Ltd, 3rd Floor, Kothari Complex,, Shivaji Nagar, .. Nanded-431602 Phone No :02462-649095.